							ON OF HEA	ALTH - STAND	ARD CERT	= /2 () /)	F DEATH		-63-00	04002
DO NOT WRITE	AR'		N T MEN		PUE	BLIC Re	gistration District No	EL 73 18	mary Registration D	istrict No. 1003	Registrar's To	114 1 2	STATE FILE	NUMBER
ON THIS STUB		_		<u></u>	_	1.		JAN 1 6 1963	- <u>-</u> -	-,,,,	2. USUAL RESIDE	NCE (Where deceased	lived. If instituti	on: Residence before
VS 300 Rev. 4/59		딢		-			a. COUNTY_					lssouri COUNT	<i>t</i> -	admission)
Kev. 4/37		AMENDED			Н		OR	orporate limits, give TOWN	ISHIP only)	ength of stay in 1b	c. CITY OR	, 1-	-	inside Limits
1	1 1	¥	1		Н	_	C FULL NAME OF (IF	St. Louis NOT in hospital, give loca	otion\	Inside Limits	d. STREET	t. Louis	de, give location)	Yes [] No []
2 20	59	DATE					HOSPITAL OR INSTITUTION	Homer G. P		Yes No	ADDRESS	193 Vernon	se, give location)	Reside on Farm Yes □ No®□
3 .	['		7	\top	1	3.	NAME OF DECEASED (Type or print)	First Howard	Mic	Idle	Qualle	A. DATE OF DEATH	Month Da	y Year 63
4 2.]-				ŀ							 	1 3	
5 1	1					5.	Male	6. COLOR/OR/RACE	7. Married [] Widowed []	Never Married Divorced	8. DATE OF BIRTH	50	Months Da	
6	WS	-				10a		(Give kind of work done ng life, even if retired)	106. KIND OF BU	SINESS OR INDUSTR	DESER	(City and state or coun	iry) 12. CITIZEN	OF WHAT COUNTRY
7 /	FÓLLO					13a	FATHER'S NAME	QUANSO,	13b. MOT	HER'S MAIDEN NAM	e, N	14. NAME	OF HUSBAND OR W	/IFE
8 2	AS F					15.		R IN U.S. ARMED FORCES?		IAL SECURITY NO.	17. INFORMANT	p. ere	504V 5193	
9	اسا		ł			,	· · · · <u>II</u>	yes, give war or dates of			FLFETA	KODER	3014 814 D	TYEKONE
10	A	- 1			Ż		18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY	line	>			ľ	INTERVAL BETWEEN ONSET AND DEATH
	8	ő			OCUMENT		•	IMMEDIATE CAUSE (a)1	Bronchogen:	<u>lc Carcinos</u>	na	· · · · · · · · · · · · · · · · · · ·	Undet.
11	NE C	۹۱		ľ	ğ						•	٠٢		
12 <i>77-0</i>	THIS	INSTEAD	-	_			which g above stating	ons, if any, pave rise to cause (a), the understause last. DUE TO (1621		
07	8	ł				Š	PART II		ONDITIONS CONT	RIBUTING TO DEAT	H but⊹not related to	o the terminal P/	ART III. If decease there a pre	d was female wa gnancy in lest 90 days
77	SE S			ľ		<u>₹</u>	:						☐ Yes	□ No: □ Unknow
	100 1					CERTIFICATION	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICIO	DE HOMICIDE	206. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature of inju	ry in PART I or PAR	T II of item 18.)
v Š	AMENDM		:			MEDICAL	20c. TIME OF Hour INJURY a.m.		* • • •	,	-	•		
K INK RIBBON							20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT V	【□ farm,	OF INJURY (e.g., factory, street, offic		of. CITY, TOWN, O	R LOCATION	COUNTY	STATE
BLACK OR RITER R		READ		ľ		` -	21. (i) attended the de	10-0	9-62	,	3 -6 3	nd last saw him alive o	n 1-3-63	
# ¥							Death occurred a	1	5:35 A	m on th	e date-stated above,	and to the best of my	knowledge, from th	
USE BLAC OR TYPEWRITER		SHOULD			T OF		22a. SIGNATURE	- - 76	ree or title)	Q.	22b. ADDRESS 2601 N	hittier		22c. DATE SIGNE 1-3-63
	i i	- 1	+	╁-	AFFIDAVIT	23a	BURIAL, CREMATION, REMOVAL (Specify)	, 23b. DATE 1-7-63	OAKD	F CEMETERY OR CRE	MATORY	23d. LOGATION (City,	town, or county)	mo (State)
		EM NO.			Y AFF	24.	FUNERAL DIRECTOR	FILMERALLE	DRESS	W 25. DAT	E RECD. BY LOCAL P	REG. 26. PEGISTRA	R'S SIGNATURE	MD

STATEMENT BY LICENSED EMBALMER

1:1-	ereby certify the	it the body whose name i	is recorded on the reverse	side of this certificate was embalmed by me,	
or by	· .		<u>. </u>	, Student Embalmer No	
working u	nder my persona	supervision.	0	" a Mr. 41	
Student			_ Signed	mes a. DY jatt	
	Signature	of Student Embalmer	U	Licensed Embalmer No. 444	
jer jer s	YIX.	88-1-42	The second second	P. O. Address 1389 Qumon	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

តាមស្រី ខែជ

711 18